

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 7
For use by Members, officers, and employees

HAND DELIVERED

John Walter Oliver
(Full Name)

202-225-5335
(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY -4 PM 3:46
(Office Use Only)

MC

Filer Status

☒ Member of the U.S. House of Representatives
State: MA
District: 01

☐ Officer Or Employee
Employing Office:

Report Type

☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable position on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts--</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Amherst College - Amherst, MA	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Walter Oliver

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (e) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or		Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
JT	120 acres of unimproved land at 117 Central Street, Plainfield, MA	\$100,001 - \$250,000	None	NONE	
JT	25 acres of unimproved land at Beachlake, Berlin Township, PA	\$100,001 - \$250,000	None	NONE	
JT	27 acres of unimproved land on Buffam Road, Pelham, MA	\$100,001 - \$250,000	None	NONE	
JT	33 Myrtle Street, Boston, MA	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
JT	45 acres of unimproved land on North Valley Road, Pelham, MA	\$50,001 - \$100,000	None	NONE	
JT	AMCAP mutual fund	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Walter Oliver

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SP	Columbia Contrarian Core Fund T (formerly Bank of America asset as listed on 2009 Member Report >>> asset reorganized by issuing financial institutions; same # of shares owned, but value dropped)	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
SP	DWS World Dividend Fund A (formerly Scudder New Europe mutual fund as listed on 2009 Member Report >>> asset sold/renamed by issuing financial institutions)	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
JT	Hewlett-Packard Company stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Massachusetts state employee pension	\$100,001 - \$250,000	PENSION	\$15,001 - \$50,000	
SP	Monsanto Co. stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Pfizer, Inc. stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	Powershares Exchange Traded Fund - Clean Energy (*Note: same # of shares owned compared to 2009, but value dropped)	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
JT	Powershares Exchange Traded Fund - Water Resources (*Note: same # of shares owned compared to 2009, but value dropped)	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Walter Olver

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	TD Banknorth CD	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
JT	Telefonica, S.A. (ADR) stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Texas Instruments, Inc. stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	Winslow Green Growth Fund	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name John Walter Oliver

Page 6 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
JT	Winslow Green Solutions Fund (*Note: this asset was sold at a capital loss)	S	No	04-09-10	\$1,001 - \$15,000

SCHEDULE IX - AGREEMENTS

Name John Walter Oliver

Page 7 of 7

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
06-14-91	Massachusetts State Employee Life Insurance Program	Continuing benefits as a former employee
06-14-91	Massachusetts State Employee Retirement Program	Retirement effective November 20, 1992

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A
For use by Members, officers, and employees

Page 1 of 4

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 PM 2:46

Name: Richard E. Neal

Daytime Telephone: (202) 225-5601

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

Filer Status



Member of the U.S. House of Representatives

State: MD

District: 2nd



Officer or Employee

Employing Office:

Report Type



Annual (May 16, 2011)



Amendment



Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
If yes, complete and attach Schedule I.

Yes ☒

No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?
If yes, complete and attach Schedule VI.

Yes ☐

No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?
If yes, complete and attach Schedule II.

Yes ☐

No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?
If yes, complete and attach Schedule VII.

Yes ☐

No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?
If yes, complete and attach Schedule III.

Yes ☒

No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?
If yes, complete and attach Schedule VIII.

Yes ☐

No ☒

IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?
If yes, complete and attach Schedule IV.

Yes ☐

No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity?
If yes, complete and attach Schedule IX.

Yes ☐

No ☒

V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?
If yes, complete and attach Schedule V.

Yes ☐

No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes ☐

No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐

No ☒

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Continuation Sheet (if needed)

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UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Page 1 of 7

LEGISLATIVE RESOURCE CENTER

MAY 16 PM 4:04

James Patrick McGovern
(Full Name)

202-225-6101
(Daytime Telephone)

U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

MC

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representative	State: MA District: 03	<input type="checkbox"/> Officer Or Employee	Employing Office:	A \$200 penalty shall be assessed against anyone who files more than 30 days late.
	Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedules I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
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EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "accepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name James Patrick McGovern

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Prevent Cancer Foundation	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James Patrick McGovern

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting threshold. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
JT 1225 Massachusetts Ave, SE, Washington, DC **basement rental unit**	\$1,000,001 - \$5,000,000	RENT	\$5,001 - \$15,000	
SP CBS stock **Inherited**	\$1,001 - \$15,000	None	NONE	
SP Congressional Federal Credit Union Money Market & CD	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
SP Corning stock **Inherited**	\$1,001 - \$15,000	None	NONE	
DC Eaton Vance Global Growth Fund for DC2	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC Eaton Vance Tax Managed Growth Fund for DC1	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name James Patrick McGovern

DC	Eaton Vance Tax Managed Growth Fund for DC2	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	G.E. stock **Inherited **	\$1,001 - \$15,000	None	NONE	
SP	ING Fidelity VIP Contrafund retirement account	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	ING Thornburg Value Portfolio retirement account	\$15,001 - \$50,000	None	NONE	
SP	ING VP Growth Portfolio retirement account	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	Viacom (class B) stock **Inherited**	\$1,001 - \$15,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

Name James Patrick McGovern

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
SP	ING Fidelity VIP Contrafund retirement account	P	N/A	bi-weekly	\$1,001 - \$15,000
SP	ING Thornburg Value Portfolio retirement account	P	N/A	bi-weekly	\$1,001 - \$15,000
SP	ING VP Growth Portfolio retirement account	P	N/A	bi-weekly	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name James Patrick McGovern

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Bank of America, Simi Valley, CA	July 2009	mortgage on 1225 Massachusetts Ave, SE, Washington, DC	\$250,001 - \$500,000

SCHEDULE VIII - POSITIONS

Name James Patrick McGovern

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Congressional Hunger Center
Board Member	John Joseph Moakley Foundation

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 9
For use by Members, officers, and employees

Bamey Frank
(Full Name)

202-225-5931
(Daytime Telephone)

Filer Status

☒ Member of the U.S. House of Representatives
State: MA
District: 4

☐ Officer Or Employee
Employing Office: _____

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date: _____

LEGISLATIVE RESOURCE CENTER
2011 MAY 13 PM 3:50

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (a.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependant child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts--</p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions--</p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Barney Frank

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<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
Barney Frank for Congress	\$50,001 - \$100,000	None	NONE	
Calvert Social INVT FD Equity Portfolio CL A	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$2,501 - \$5,000	
Calvert Social INVT FD Equity Portfolio CL A	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$2,501 - \$5,000	
Calvert Social INVT FD Equity Portfolio CL A	\$50,001 - \$100,000	DIVIDENDS/CAPITAL GAINS	\$2,501 - \$5,000	
Calvert Social INVT FD Equity Portfolio CL A	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$2,501 - \$5,000	
Calvert Social INVT FD Equity Portfolio CL A	\$50,001 - \$100,000	DIVIDENDS/CAPITAL GAINS	\$2,501 - \$5,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Barney Frank

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	Citibank Deposit Program	\$50,001 - \$100,000	INTEREST	NONE	
	Commonwealth Mass GENL OBLIG-A B/E DD	\$50,001 - \$100,000	INTEREST	NONE	
	Commonwealth Mass GENL OBLIG-A B/E DD	\$50,001 - \$100,000	INTEREST	NONE	
	Equity Portfolio CL A	\$15,001 - \$50,000	DIVIDENDS/CAPIT TAL GAINS	\$2,501 - \$5,000	
	Equity Portfolio CL A	\$15,001 - \$50,000	CAPITAL GAINS/DIVIDEN DS	NONE	
	Equity Portfolio CL A	\$50,001 - \$100,000	DIVIDENDS/CAPIT TAL GAINS	NONE	
	Equity Portfolio CL A	\$15,001 - \$50,000	DIVIDENDS/CAPIT TAL GAINS	NONE	
	Malden Mass RFDG MUN PURP LN L/T Assured GTY B/E GD OID	\$15,001 - \$50,000	INTEREST	NONE	
	Malden Mass RFDG-MUN PURP LN L/T Assured GTY B/E GD OID	\$15,001 - \$50,000	INTEREST	NONE	
	Massachusetts H&E FACS AUTH REV Partners HLTCRE SYS G	\$50,001 - \$100,000	INTEREST	\$2,501 - \$5,000	
	Massachusetts H&E FACS AUTH REV Partners HLTCRE SYS-G	\$50,001 - \$100,000	INTEREST	NONE	
	Massachusetts HLTH&EDL FACS AU REV Dana Farber Cancer INST-K	\$15,001 - \$50,000	INTEREST	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Barney Frank

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Massachusetts HLTH&EDL FACS AU REV Dana Farber Cancer INST-K	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
Massachusetts HLTH&EDL FACS AU REV Dana-Farber Cancer Inst-K	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
Massachusetts HLTH&EDL FACS AU REV Dana-Farber Cancer INST-K	\$15,001 - \$50,000	INTEREST	NONE	
Massachusetts School BLDG AU Dedicated Sales Tax-A- AMBAC	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
Massachusetts School BLDG AU Dedicated Sales Tax-A- AMBAC	\$50,001 - \$100,000	INTEREST	NONE	
Massachusetts ST CONS LN- SER C	\$50,001 - \$100,000	INTEREST	\$5,001 - \$15,000	
Massachusetts ST CONS LN- SER C	\$50,001 - \$100,000	INTEREST	NONE	
Massachusetts ST G/O REF SER C FSA	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
Massachusetts ST G/O REF SER C FSA	\$50,001 - \$100,000	INTEREST	NONE	
Massachusetts ST G/O REF SER C MBTA	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
Massachusetts ST G/O REF SER C MBTA	\$50,001 - \$100,000	INTEREST	NONE	
Massachusetts ST HSG FIN AGY HSG REV Rental-MTG-B- AMT-AMBAC	\$1,001 - \$15,000	INTEREST	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Barney Frank

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	Massachusetts ST HSG FIN AGY HSG REV Rental-MTG-B- AMT-AMBAC	\$1,001 - \$15,000	INTEREST	NONE	
	Massachusetts ST HSG FIN AGY RFDG HSG-SER A	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	Massachusetts ST HSG FIN AGY RFDG HSG-SER A	\$15,001 - \$50,000	INTEREST	NONE	
	Massachusetts ST SPL OBLIG Dedicated Tax REV SER A FGIC	\$15,001 - \$50,000	CAPITAL GAINS	NONE	
	Massachusetts ST SPL OBLIG Dedicated Tax REV SER A FGIC	\$15,001 - \$50,000	CAPITAL GAINS	NONE	
	Massachusetts State CONS Loan SER A Book Entry	\$50,001 - \$100,000	INTEREST	\$5,001 - \$15,000	
	Massachusetts State CONS Loan SER A Book/Entry	\$50,001 - \$100,000	INTEREST	NONE	
	Massachusetts WTR RES AU GENL REV SER A Book/Entry MBIA	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
	Massachusetts WTR RES AU GENL REV SER A Book/Entry MBIA	\$15,001 - \$50,000	INTEREST	NONE	
	NUVEEN Massachusetts Dividend Advantage Municipal Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	NUVEEN Massachusetts Dividend Advantage Municipal Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	The Commonwealth of Massachusetts General Obligation Refunding Bonds	\$15,001 - \$50,000	INTEREST	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Barney Frank

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	The Commonwealth of Massachusetts General Obligation Refunding Bonds	\$15,001 - \$50,000	INTEREST	NONE	
	University of Mass BLDG AU FACL REV Senior SER A GTD MBTA	\$15,001 - \$50,000	INTEREST	NONE	
	University of Mass BLDG AU FACL REV Senior SER A GTD MBTA	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	

SCHEDULE IV - TRANSACTIONS

Name Barney Frank

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Calvert Social INVT FD Equity Portfolio CL A	P	Yes	5-28-10	\$15,001 - \$50,000

SCHEDULE VI - GIFTS

Name Barney Frank

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Report the source, a brief description, and the value of all gifts totaling more than \$335 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Rep. Chellie Pingree (ME-01) and her fiance Mr. Donald Sussman	First Class Round Trip Travel by Private Aircraft - Washington, DC to United States Virgin Islands	\$2,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Barney Frank

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
NBC Universal	August 26- 31	Boston-Los Angeles-Phoenix- Boston	Y	N	Y	2 Days

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	FORM A For use by Members, officers, and employees	Page 1 of 9
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Nicola S. Tsongas (Full Name)	202-225-3411 (Daytime Telephone)
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LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 3:57

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>MA</u> District: <u>5</u>	<input type="checkbox"/> Officer Or Employee Employing Office: _____
Report Type	<input checked="" type="checkbox"/> Annual (May 15) <input type="checkbox"/> Amendment <input type="checkbox"/> Termination	Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "accepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nicola S. Tsongas

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<p>BLOCK A</p> <p>Asset and/or Income Source</p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>BLOCK C</p> <p>Type of Income</p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
26 AUBURN ST, CHARLESTOWN MA	\$500,001 - \$1,000,000	RENT	\$5,001 - \$15,000	
455 SHORE ROAD, CHATHAM MA	\$1,000,001 - \$5,000,000	RENT	\$15,001 - \$50,000	
Artio Intl Equity Fund II	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
Aston Montag & Calwell Growth Fund	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	P
Bank of America Money Market formerly Columbia Treasury Reserves	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nicola S. Tsongas

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	BOFA TAX-EXEMPT RESERVES formerly COLUMBIA TAX EXEMPT RESERVES)	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
	Columbia Acorn Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	COLUMBIA ACORN INTERNATIONAL FUND	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	COLUMBIA ACORN INTL SELECT	None	None	NONE	S
	COLUMBIA CONSERVATIVE HIGH YIELD FUND	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	COLUMBIA CORE BOND FUND	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
	COLUMBIA DIVIDEND INCOME FUND	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	P
	COLUMBIA ENERGY AND NATURAL RESOURCES FUND	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	COLUMBIA INTERNATIONAL STOCK FUND	None	None	NONE	S
	COLUMBIA LARGE CAP CORE FUND	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	COLUMBIA LARGE CAP GROWTH FUND	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	COLUMBIA MA INTER MUNI BOND FUND	\$50,001 - \$100,000	DIVIDENDS	\$2,501 - \$5,000	
	COLUMBIA MARISCO 21ST CENTURY FUND	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nicola S. Tsongas

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	COLUMBIA MARSICO GROWTH FUND	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	COLUMBIA MID CAP GROWTH FUND	\$1,001 - \$15,000	None	NONE	
	COLUMBIA MULTI-ADVISOR INTERNATIONAL EQUITY FUND	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	COLUMBIA SELECT SMALL CAP FUND	\$1,001 - \$15,000	None	NONE	
	COLUMBIA SHORT TERM MUNICIPAL BOND FUND	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	S(part)
	COLUMBIA SHORT-INTERMEDIATED BOND FUND	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
	COLUMBIA US TREASURY INDEX FUND	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
	COLUMBIA VALUE AND RESTRUCTURING FUND	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	ENTERPRISE BANK & TRUST	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	ENTERPRISE BANK & TRUST	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
	FEDERAL HOME LN BKS DUE 7/16/10	None	INTEREST	\$2,501 - \$5,000	S
	FOXBOROUGH MASS GO SCH BDS	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
	HARBOR INTERNATIONAL FUND	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	INTERNATIONAL BUSINESS MACHS	None	DIVIDENDS/CAPITAL GAINS	\$15,001 - \$50,000	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nicola S. Tsongas

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	ISHARES BARCLAYS 1-3 YR CR BD FUND	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	P
	ISHARES BARCLAYS 1-3 YR TREAS BOND FUND	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	
	ISHARES BARCLAYS INTERMEDIATE CR BD FUND	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
	ISHARES TR S&P 500 INDEX FUND	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
	JP MORGAN US LARGE CAP CORE PLUS FUND	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	
	LAZARD FUNDS INC EMERGING MKTS	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
	MASSACHUSETTS BAY TRANS AUTHORITY	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
	MASSACHUSETTS ST GO BONDS 2014	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
	MASSACHUSETTS ST HEALTH & EDL Due 10/1/12	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
	MASSACHUSETTS ST WTR RES AUTH	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
	NSTAR ELECTRICAL & GAS CORP.	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
	PIMCO FOREIGN BOND FUND UNHEDGED	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	PIMCO TOTAL RETURN FUND	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	TD Bank	None	DIVIDENDS	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Nicola S. Tsongas

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	THORNBURG INTL VALUE FUND	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
	UNITED STATES TREAS NT	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
	VANGUARD INTL EQUITY INDEX FDS	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
	WELLESLEY MASS Due 6/15/13	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	

SCHEDULE IV - TRANSACTIONS

Name Nicola S. Tsongas

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities, futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See examples below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
	Artio Intl Equity Fund II	P	N/A	4/26/10 7/26/10	\$1,001 - \$15,000
	Aston Montag & Calwell Growth Fund	P	N/A	4/28/10 4/29/10	\$1,001 - \$15,000
	COLUMBIA ACORN INTL SELECT FUND	S	No	4/8/10	\$1,001 - \$15,000
	COLUMBIA DIVIDEND INCOME FUND	P	N/A	4/27/10	\$1,001 - \$15,000
	COLUMBIA INTERNATIONAL STOCK FUND	S	No	8/16/10	\$1,001 - \$15,000
	COLUMBIA SHORT TERM MUNI BD FUND	S(part)	Yes	4/20/10 7/7/10 10/29/10	\$15,001 - \$50,000
	FEDERAL HOME LN BKS DUE 7/16/10	S	No	7/16/10	\$100,001 - \$250,000
	INTERNATIONAL BUSINESS MACHINES	S	Yes	4/30/10	\$15,001 - \$50,000
	ISHARES BARCLAYS 1-3 YR CR BD FUND	P	N/A	7/22/10 7/28/10	\$50,001 - \$100,000
	ISHARES BARCLAYS INTERMEDIATE CR BD FUND	P	N/A	7/22/10 7/28/10	\$15,001 - \$50,000
	ISHARES TR S&P 500 INDEX FUND	P	N/A	7/22/10 9/29/10	\$15,001 - \$50,000

SCHEDULE IV - TRANSACTIONS

Name Nicola S. Tsongas

Page 8 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	LAZARD FUNDS INC EMERGING MKTS	P	N/A	4/28/10	\$1,001 - \$15,000
	THORNBURG INTL VALUE FUND	P	N/A	8/16/10	\$1,001 - \$15,000
	VANGUARD INTL EQUITY INDEX FDS	P	N/A	7/22/10 9/29/10	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name Nicola S. Tsongas

Page 9 of 9

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	ENTERPRISE BANK AND TRUST		LINE OF CREDIT ON 455 SHORE RD, CHATHAM MA	\$100,001 - \$250,000
	TD Bank	July 2003	Mortgage on 26 Auburn St., Charlestown MA	\$500,001 - \$1,000,000

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 6
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 4:19

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

U.S. Rep. John F. Tierney
(Full Name)

202-225-8020
(Daytime Telephone)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: MA District: 06	<input type="checkbox"/> Officer Or Employee	Employing Office:
	Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination
				Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name U.S. Rep. John F. Tierney

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Tierney Designs	Spouse salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name U.S. Rep. John F. Tierney

Page 3 of 6

BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
JT Cisco Systems	\$15,001 - \$50,000	None	\$1 - \$200	
JT Disney Co. Walt	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT Federated Capital Reserves	\$100,001 - \$250,000	INTEREST	\$1 - \$200	S(part)
JT Hewlett Packard	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT Nike Class B	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
JT Time Warner Inc	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name U.S. Rep. John F. Tierney

Page 4 of 6

JT	Time Warner Cable	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	E
JT	Verizon Communications	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
JT	Parametric Technology	\$1,001 - \$15,000	None	NONE	
JT	MA State Cons Lns	None	INTEREST	\$201 - \$1,000	S
	Bank deposit Prog. - Smith Barney	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Eastern Savings Bank	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
	Resolution Trust	None	None	NONE	
	Western Asset Government Money Market Fund Class A	\$50,001 - \$100,000	INTEREST	\$1 - \$200	
	Wright Patman F.C.U.	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	Strips-Tint-US Treasury	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Talk Realty Trust (1/4 interest) 133 Washington St., Salem, MA	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	

SCHEDULE IV - TRANSACTIONS

Name U.S. Rep. John F. Tierney

Page 5 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
JT	Federated Capital Reserves	S(part)	N/A	01-19-10 12-10-10	\$100,001 - \$250,000
JT	MA State Cons Lns	S	N/A	02-01-10	\$15,001 - \$50,000
JT	Time Warner Cable	E	N/A	03-15-10	\$1,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name U.S. Rep. John F. Tierney

Page 6 of 6

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Aspen Institute Congressional Program	May 31 - June 6	Boston-Tunis, Tunisia - Boston	Y	Y	Y	None

Congress of the United States
House of Representatives
Washington, DC 20515-2107

DISTRICT OFFICES:

5 HIGH STREET, SUITE 101
MEDFORD, MA 02155
(781) 396-2900

188 CONCORD STREET, SUITE 102
FRAMINGHAM, MA 01702
(508) 875-2900

<http://markey.house.gov>

MEMO

TO: Certifying Individual
FROM: Rep. Ed Markey
DATE: May 16, 2011
RE: Schedule III Order of Items

All of my assets have been listed with the first box left blank, followed by our joint (JT) assets, followed by my spouse's (SP) assets. They were entered in that order as it makes comparison with the previous year easier. This year, due to some technical glitch, although the entries were made into the computer in that order and the radio button for them to print in that order was selected, the order changed somewhat randomly (attempted twice without success). Most of the asset names remained the same, however, where they changed, the previous name is listed in parenthesis following the new name entry.

The programmer has been alerted about the problem but was not able to offer a fix.

ML

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2011 MAY 16 PM 2:22

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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 8
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 PM 2:23

Edward J. Markey
(Full Name)

202-225-2836
(Daytime Telephone)

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Filer Status

☒ Member of the U.S. House of Representatives
State: MA District: 07

☐ Officer Or Employee

Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Edward J. Markey

Page 2 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
US Public Health Service, Department of Health and Human Services	Spouse Pension	N/A
Private Practice of Medicine	Spouse - Medical Fees	N/A
Global Health Institute, LLC	Spouse - Salary	N/A
Purdue University	Spouse - Lecture Fees	\$10,000
Sea Services Leadership Association	Spouse - Lecture Fees	\$5,000
American Association of Diabetes Educators	Spouse - Lecture Fees	\$8,000
Minneapolis Jewish Federation	Spouse - Lecture Fees	\$10,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Edward J. Markey

Page 3 of 8

BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting threshold. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or	BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
SP Fidelity SEP - Power Shares QQQ Trust (rolled over from Morgan Stanley Dean Witter IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	Reinvested
Rydex OTC Investor Class Fund	\$15,001 - \$50,000	None	NONE	
Janus Global Technology Fund	\$1,001 - \$15,000	None	NONE	
Morgan Stanley Smith Barney, IRA-NASDAQ 100 Trust (QQQ) (formerly Salomon Smith Barney)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	Reinvested
Firsthand Technology Value Fund	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Edward J. Markey

Page 4 of 8

JT	Wachovia Bank Acct	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
SP	Wachovia Bank Accts	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
SP	Fidelity SEP - S+P Depository Receipts (SPDR) (rolled over from Morgan Stanley Dean Witter IRA - S+P Depository Receipts (SPDR)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	Reinvested
SP	Janus Global Select (formerly Janus Orion Fund)	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	Reinvested
SP	Fidelity SEP - Spartan Ext Market Index Investor Class	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	Reinvested
SP	Janus Global Technology Fund	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	Reinvested
	Congressional Federal Credit Union Accts	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	Firsthand Technology Value Fund	\$50,001 - \$100,000	None	NONE	
SP	Fidelity SEP Asset Manager 20%	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
SP	Fidelity Municipal Money Market	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	Reinvested
SP	Fidelity SEP - Fidelity Cash Reserves *	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	Reinvested
SP	Rydex OTC Fund	\$100,001 - \$250,000	None	NONE	
SP	TIAA-CREF Traditional Retirement Annuity	\$100,001 - \$250,000	INTEREST	\$2,501 - \$5,000	Reinvested

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Edward J. Markey

Page 5 of 8

SP	TIAA-CREF Retirement Annuity CREF Equity Index	\$100,001 - \$250,000	Unrealized Growth	NONE	Reinvested
SP	R.S. Small Cap Growth Class	\$50,001 - \$100,000	None	NONE	
SP	Global Health Institute, LLC, Chevy Chase, MD (Nature of Business: Health Education and Services)	\$50,001 - \$100,000	Interest, Salary See Schedule I	\$1 - \$200	
SP	Capital One Bank Accts (formerly Chevy Chase Bank)	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
SP	Fidelity Mass Muni Income	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	Reinvested
SP	Fidelity Mass AMT Tax-free Money Market	\$50,001 - \$100,000	INTEREST	\$1 - \$200	Reinvested
SP	Old Mutual Focused Fund CI Z	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	Reinvested

SCHEDULE IV - TRANSACTIONS

Name Edward J. Markey

Page 6 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
SP	Fidelity SEP - Asset Manager 20%	P	N/A	04-15-11	\$15,001 - \$50,000

SCHEDULE VIII - POSITIONS

Name Edward J. Markey

Page 7 of 8

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member (Associate)	Boston College Law School Board of Advisors (uncompensated)

FOOTNOTES

Name Edward J. Markey

Page 8 of 8

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Morgan Stanley Dean Witter IRA - Liquid Asset Fund was below reportable amount and rolled over to Fidelity SEP - Fidelity Cash Reserves	Fidelity SEP - Fidelity Cash Reserves *

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 6
 For use by Members, officers, and employees

HAND DELIVERED

MICHAEL EVERETT CAPUANO

617-621-6208

(Full Name)

(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY 11 AM 10:29

(Office Use Only)

MC

Filer Status

☒ Member of the U.S. House of Representative State: MA District 08

☐ Officer Or Employee Employing Office

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

U.S. HOUSE OF REPRESENTATIVES
A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salary or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable position on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name MICHAEL EVERETT CAPUANO

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
RAPHAEL AND RAPHAEL LLP	SPOUSE SALARY	N/A
YNZ,LLC	SPOUSE SALARY	N/A
CT&M, LLC	SPOUSE SALARY	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MICHAEL EVERETT CAPUANO

Page 3 of 6

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide a complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving

BLOCK B

Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D

Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

BLOCK E

Transaction

Indicate if asset had purchase (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

JT	Central St, Somerville, MA (although rent 27% of house, this amount represents 100% of asset value)	\$500,001 - \$1,000,000	RENT	\$5,001 - \$15,000	
SP	Charles Schwab Cash & Money Market Fund (401K)	\$50,001 - \$100,000	INTEREST	\$1 - \$200	
JT	Congressional FCU	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	CT&M, LLC	\$50,001 - \$100,000	(Interest & P'tship Inc	\$2,501 - \$5,000	
JT	East Cambridge Sav Bank, Som, MA	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	Fidelity - Ariel Appreciation Fund (IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MICHAEL EVERETT CAPUANO

Page 4 of 6

SP	Fidelity - Balanced Fund (IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Fidelity - Cash Reserves (IRA)	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
SP	Fidelity - Cash Reserves (IRA)	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
SP	Fidelity - Contrafund (IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Fidelity - Export & Multinational (IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Fidelity - Export & Multinational (IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Fidelity - Fam Value (IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Fidelity - FPA Crescent Inst'l (IRA)	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Fidelity - Int'l Discovery (IRA)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Fidelity - Royce Total Return Fd Investment CL (IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Fidelity - Select Nat'l Gas (IRA)	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	Fidelity - T Rowe Price Cap Appreciation (IRA)	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Fidelity - Van Kampen Growth & Income Class A (IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	High St, Somerville, MA	\$250,001 - \$500,000	RENT	\$15,001 - \$50,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name MICHAEL EVERETT CAPUANO

Page 5 of 6

	Nationwide - Fidelity Contra Fund (457b plan)	\$1,001 - \$15,000	INTEREST	\$1,001 - \$2,500	
	Nationwide - Inter Val Instr Svsc (457b plan)	\$1,001 - \$15,000	INTEREST	\$1,001 - \$2,500	
	Nationwide - NW Lgcap Gr (457b plan)	\$1,001 - \$15,000	INTEREST	\$1,001 - \$2,500	
SP	Nesteggs - Fidelity Cash Reserves (IRA)	\$1 - \$1,000	INTEREST	\$1 - \$200	
SP	NestEggs - Windward Aggressive Fund (IRA)	\$50,001 - \$100,000	None	NONE	
	SBLI - Term Life	\$250,001 - \$500,000	DIVIDENDS	\$1 - \$200	
JT	Som Fed CU, Som MA	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
JT	Winter Hill Bank	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

SCHEDULE V - LIABILITIES

Name MICHAEL EVERETT CAPUANO

Page 6 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Century Bank	Dec 2009	Home Equity on Central St, Somerville, MA	\$15,001 - \$50,000
JT	Century Bank	Sept 2010	Mortgage on High St, Somerville, MA	\$250,001 - \$500,000
JT	WinterHill Bank	Jan 1980	Mortgage on Central St, Somerville, MA	\$100,001 - \$250,000
JT	Bank of America, NY	Jan 1990	Mortgage on Hidden Valley, Tuftonboro, NH	\$15,001 - \$50,000
SP	WinterHill Bank	Jun 1999	Mortgage -CT&M, LLC, Somerville, MA	\$50,001 - \$100,000

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Page 1 of 7 LEGISLATIVE RESOURCE CENTER

2011 MAY 16 AM 10:15

Stephen F. Lynch
(Full Name)

202-225-8273
(Daytime Telephone)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Filer
Status

☒ Member of the U.S.
House of Representatives State: MA
District: 09

☐ Officer Or
Employee Employing Office:

A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.

Report
Type

☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (a.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Stephen F. Lynch

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
South Boston Community Health Center	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen F. Lynch

Page 3 of 7

BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or

BLOCK B

Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D

Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

BLOCK E

Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

JT	3 Jason Terrace, South Boston, MA 02127	\$250,001 - \$500,000	RENT	\$5,001 - \$15,000	
JT	55 G Street, South Boston, MA 02127	\$500,001 - \$1,000,000	RENT	\$5,001 - \$15,000	
JT	Cisco Systems	\$1,001 - \$15,000	None	NONE	
JT	EMC Corporation	\$1,001 - \$15,000	None	NONE	
JT	Intel Corporation	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	Morgan Stanley Focus Growth Fund	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen F. Lynch

Page 4 of 7

JT	Morgan Stanley Money Market-Liquid Asset Fund	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	Pioneer Equity Income Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	Pioneer Mid Cap Growth Fund	\$1,001 - \$15,000	None	NONE	

SCHEDULE V - LIABILITIES

Name Stephen F. Lynch

Page 5 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	East Boston Savings Bank	July 1998	Mortgage on 55 G Street, South Boston, MA.02127	\$250,001 - \$500,000
JT	East Boston Savings Bank	2010- Property Refinanced	Mortgage on 3 Jason Terrace, South Boston, MA 02127	\$100,001 - \$250,000

SCHEDULE VIII - POSITIONS

Name Stephen F. Lynch

Page 6 of 7

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Colonel Daniel Marr Bays Club
Baord Member	Friends for Children
Baord Member	South Boston Boys & Girls Club

FOOTNOTES

Name Stephen F. Lynch

Page 7 of 7

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule V	Mt. Washington Bank merged with East Boston Savings Bank	Mortgages on both properties
2	Schedule III	Mortgage on 3 Jason Terrace Refinanced	3 Jason Terrace, South Boston MA 02127

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

Form A
For use by Members, officers, and employees

Page 1 of 11

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 AM 11:50

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

Name: William Richard Keating

Daytime Telephone: 202 225 3111

Filer
Status



Member of the U.S.
House of Representatives

State: MA
District: 10

☐ Officer or
Employee

Employing Office:

Report
Type



Annual (May 16, 2011)



Amendment



Termination

Termination Date:

**A \$200 penalty shall be assessed
against anyone who files more than
30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
If yes, complete and attach Schedule I.

Yes ☒ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?
If yes, complete and attach Schedule II.

Yes ☐ No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?
If yes, complete and attach Schedule III.

Yes ☒ No ☐

IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?
If yes, complete and attach Schedule IV.

Yes ☒ No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?
If yes, complete and attach Schedule V.

Yes ☐ No ☒

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?
If yes, complete and attach Schedule VI.

Yes ☐ No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?
If yes, complete and attach Schedule VII.

Yes ☐ No ☒

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?
If yes, complete and attach Schedule VIII.

Yes ☒ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity?
If yes, complete and attach Schedule IX.

Yes ☐ No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes ☐ No ☒

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

[illegible]

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name William Richard Keating

Page 4 of 11

BLOCK A Asset and/or Income Source			BLOCK B Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
<p>Identify (e) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>			<p>Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."</p>												<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>							<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>											<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p> <p>If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.</p>
			A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock																														
			Simon & Schuster																														
			1st Bank of Paducah, KY Accounts																														
			271 Canton St. Stoughton, Ma. 507.																														
			10 Briarwood Lane Bourne, Ma.																														
			Sharon Credit Union Accounts																														
			Fidelity 2006 529 College Portfolio																														
			Fidelity 2009 529 Conservative Portfolio																														
			Fidelity 2009 529 College Portfolio																														

For additional assets and unearned income, use next page.

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name *William Richard Keating*

Page *5* of *11*

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E
		None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/IND TRUST	Other Type of Income (Specify: e.g. Partnership Income or Farm Income)	None	\$1 – \$200	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$1,000,000	\$1,000,001 – \$5,000,000	
	Fidelity 2006 529 Conservative Portfolio			X																X											P, S (partial)
	Fidelity Mass Municipal Money Market	X												X						X											
	Fidelity Cash Reserve Fund	X														X					X										
	Fidelity Nordic Fund			X										X						X											
	Fidelity Capital Asset Fund			X										X						X											
	Fidelity Low Price Stock Fund				X									X						X											
	Fidelity Fund			X										X						X											
	Fidelity Growth Co.				X									X						X											
	Wells Fargo Common Stock Mutual Fund				X										X					X											
	Ariel Appreciation Fund			X										X						X											
	Dodge & Cox Balance Fund			X										X						X											
	Blackwood International Value			X										X						X											
	Columbia Acorn International				X									X						X											
	Gabelli Equity Income Fund				X									X						X											
	Harbor Capital Appreciation Fund			X										X						X											
	Oakmark Fund				X									X						X											
	Landis Rogenberg U.S. Discovery Fund			X										X						X											
	Skyline Special Equity Fund					X								X						X											
	Masters Select Equity Fund				X									X						X											
	Tweed Brown Global Value				X									X						X											
	Vanguard Value Index Fund				X									X						X											

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name *William Robert Keating*

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction	
		A	B	C	D	E	F	G	H	I	J	K	L									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$51,000	\$51,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000		
Wasatch Micro Corp Fund			X											X							X												
Motors Liquidation Co		X												X							X												
Columbia Capital Reserves		X												X							X												
Proctor and Gamble			X												X						X												
First Horizon National Corp			X												X						X												
Citicorp Bank Deposit Co			X											X							X												
Aim Charter Fund			X												X						X												
Aim International Growth			X											X							X												
Legg Mason Clearbridge Aggressive Growth			X											X							X												
Met Life Inc		X													X							X											
SSGA International Index Select Fund			X											X							X												
International Equity Fund				X										X							X												
Invest Equity Real Estate Fund			X											X							X												
Barron Vance Large Capital Fund				X										X							X												
SSGA S&P 500 Index Fund					X									X							X												
Trust Price Standard Fund			X											X							X												
Mass Delevered Corp Income Fund						X										X					X												
AT&T Inc			X												X							X											
General Electric Co			X											X							X												
Charles Schwab Corp			X												X							X											
Laborers Inc		X												X							X												

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

William Robert Keating

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction		
		A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g. Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E		
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000								None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000			
	Entremed Inc	X												X							X													
	Bank of NY Mellon Account			X										X							X													
	Thompson Asset Real Estate Fund				X										X							X												
	Windsor Partners Value Fund				X										X							X												
	Longleaf Partners Fund				X										X							X												
	Meridian Fund				X										X							X												
	Alliance US Opportunity Fund			X										X							X													
	Thompson Mumb Funds	X												X							X													S

SCHEDULE IV— TRANSACTIONS

Name William Richard Keating

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Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. **If only a portion of an asset is sold, please so indicate (i.e., "partial sale").** See example below.

Cspitel Geln — if a sales transaction resulted in a capital gain in excess of \$200, check the “capital gains” box and disclose this income on Schedule III.

[illegible]

SCHEDULE V— LIABILITIES

Name *William Richard Keating*

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Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor		Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability									
					A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X						

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

Use additional sheets if more space is required.

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

[illegible]

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
<i>Director</i>	<i>Norfolk Advocates for Children</i>
<i>Director</i>	<i>Sharon Credit Union</i>

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement